EXPRESS MAIL NO. EV889157220US

Goes pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Complete if Known				
					Application Number 10/717,744			
FEE TRANSMITTAL  APR 0 2 2007  For FY 2007				Filing Date		November 20, 2003		
				First Named Inventor		Felice M. Sciulli		
<u>\$</u>				Examiner Name		Jason D. Prone		
Applicant as ms small entity status. See 37 CFR 1.27  TOTAL WOUNT OF PAYMENT (\$)1240				Art Unit Attorney Docket No.		3724 340058.534D1		
TOTALAMOUNT OF PAYMENT (\$)1240 Attorney Docket No. 340058.534D1  METHOD OF PAYMENT (check all that apply)							וטוּ	
☑ Check       ☐ Credit Card       ☐ Money Order       ☐ Other (please identify):         ☑ Deposit Account       Deposit Account Number: 19-1090       Deposit Account Name: Seed IP Law Group PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
l = * .	☐ Charge any additional fee(s) or underpayments ☐ Charge any underpayments or credit any overpayments							
of fee(s) under 37 CFR 1.16 and 1.17								
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES SEARC			4 FFFX		INATION EES		
		Small Entity			Small Entity			
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description						<u>i</u>	Fee (\$) Fee (\$)	
Each claim over 20 (including Reissues)							50 25	
Each independent claim over 3 (including Reissues)							200 100	
Multiple dependent claims 360 180								
Total Claims					Fee Paid (\$) Multiple Dependent Claims			
20 or HP = X =						<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
3 or HP = X =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
Extension of Time Fee (2 Months)								
Request for Continued Examination Fee 790								
SUBMITTED BY								
			Regis	stration No.	25.020	Tolonhono	206 622 4000	
(Attorney/Agent) 35,939						Telephone	206-622-4900	
Name (Print/Type) L	orraine Lin	ford				Date	April 2, 2007	